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## **COVER LETTER**

## Registration Section **)**: **Division of Corporations**

JBJECT: SEU KEMU	Name of Lim	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Rafael Urena		
		Name of Person	
	SEU REMODELS LLC		. 1
		Firm/Company	
	11551 SW 26 ST #206		÷
		Address	<u> </u>
	Miramar Fl 33025		:
		City/State and Zip Code	•
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please of	all:	
Rafael Urena		at (786 ) 553-2473	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEU REMODELS LLC

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
he Articles of Organization for this Limited Liability Control of the L		and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "	T.L.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR		- - :
Enter new mailing address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]		·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	l office address on our records, <u>en</u>	
New Registered Office Address:	Enter Florida street aa	lelivace
	City	, Florida <u>Zip Code</u>
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties yent as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signati	are of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
MBR	Rafael Urena	11551 SW 26 ST #206 MIRAMAR FL 33025	
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ctive date, if other th	ıan the date of filinc	ŋ·		(ontional)	
ctive date, if other the	date must be specific and	cannot be prior to da	tte of filing or more tha	nn 90 days after tiling.)	Pursuant to 605.020
<ul> <li>If the date inserted in iment's effective date o</li> </ul>			statutory ming requ	nrements, this date v	an not be usted a
ord specifies a delayed	effective date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) The	90th day after the
filed.					
. 10 3 2022					
d <u>10-3-2023                                </u>	·	·			
	(c	Marita			
	Signature of a r	nember or authorize	d representative of a n	iemher	
k play I May					